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|--|------------------------|---|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><i>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</i> | Attorney Docket No.    | 12013/47501                             |
|  | First Inventor         | Maria Palasis, et al.                   |
|  | Title                  | METHOD FOR ROLL COATING MULTIPLE STENTS |
|  | Express Mail Label No. |   |

|   |   |
|---|---|
| <b>APPLICATION ELEMENTS</b><br><i>See MPEP chapter 600 concerning utility patent application contents.</i>  | <b>ADDRESS TO:</b><br>Mail Stop Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria VA 22313-1450   |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original and a duplicate for fee processing)</i><br>2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.<br>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>15</u> ]<br><i>(preferred arrangement set forth below)</i><br>- Descriptive title of the Invention<br>- Cross Reference to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Reference to sequence listing, a table,<br>or a computer program listing appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings (if filed)<br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure<br>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>4</u> ]<br>5. Oath or Declaration [Total Sheets <u>5</u> ]<br>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))<br><i>(for a continuation/divisional with Box 18 completed)</i><br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s)<br>named in the prior application, see 37 CFR<br>1.63(d)(2) and 1.33(b).<br>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program ( <i>Appendix</i> )<br>8. Nucleotide and/or Amino Acid Sequence Submission<br><i>(if applicable, all necessary)</i><br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br>ii. <input type="checkbox"/> Paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies<br><b>ACCOMPANYING APPLICATIONS PARTS</b><br>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input checked="" type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input checked="" type="checkbox"/> Power of<br><i>(when there is an assignee)</i> Attorney<br>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i><br>12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS<br>Statement (IDS)/PTO-1449 Citations<br>13. <input type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i><br>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i><br>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122<br>(b)(2)(B)(i). Applicant must attach form PTO/SB/35<br>or its equivalent.<br>17. <input type="checkbox"/> Other: |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_ /  
 Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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| <b>19. CORRESPONDENCE ADDRESS</b>        |           |       |       |  |  |
| <input type="checkbox"/> Customer Number |           | 23838 |       | OR <input type="checkbox"/> Correspondence address below |  |
| Name                                     |           |       |       |  |  |
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|                   |                   |                                   |                  |
|-------------------|-------------------|-----------------------------------|------------------|
| Name (Print/Type) | Douglas E. Ringel | Registration No. (Attorney/Agent) | 34,416           |
| Signature         |                   | Date                              | October 14, 2003 |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

|   |               |  |           |                    |            |             |          |                      |               |               |            |          |            |                     |             |
|---|---------------|--|-----------|--------------------|------------|-------------|----------|----------------------|---------------|---------------|------------|----------|------------|---------------------|-------------|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 5px 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p> |               | <p><i>Complete if Known</i></p>  |           |                    |            |             |          |                      |               |               |            |          |            |                     |             |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |               | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>Unassigned</td> </tr> <tr> <td>Filing Date</td> <td>Herewith</td> </tr> <tr> <td>First Named Inventor</td> <td>Maria Palasis</td> </tr> <tr> <td>Examiner Name</td> <td>Unassigned</td> </tr> <tr> <td>Art Unit</td> <td>Unassigned</td> </tr> <tr> <td>Attorney Docket No.</td> <td>12013/47501</td> </tr> </table> |           | Application Number | Unassigned | Filing Date | Herewith | First Named Inventor | Maria Palasis | Examiner Name | Unassigned | Art Unit | Unassigned | Attorney Docket No. | 12013/47501 |
| Application Number  | Unassigned    |  |           |                    |            |             |          |                      |               |               |            |          |            |                     |             |
| Filing Date   | Herewith      |  |           |                    |            |             |          |                      |               |               |            |          |            |                     |             |
| First Named Inventor  | Maria Palasis |  |           |                    |            |             |          |                      |               |               |            |          |            |                     |             |
| Examiner Name   | Unassigned    |  |           |                    |            |             |          |                      |               |               |            |          |            |                     |             |
| Art Unit  | Unassigned    |  |           |                    |            |             |          |                      |               |               |            |          |            |                     |             |
| Attorney Docket No.   | 12013/47501   |  |           |                    |            |             |          |                      |               |               |            |          |            |                     |             |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">TOTAL AMOUNT OF PAYMENT</td> <td style="width: 40%;">(\$ ) 828</td> </tr> </table>                    |               | TOTAL AMOUNT OF PAYMENT  | (\$ ) 828 |                    |            |             |          |                      |               |               |            |          |            |                     |             |
| TOTAL AMOUNT OF PAYMENT   | (\$ ) 828     |  |           |                    |            |             |          |                      |               |               |            |          |            |                     |             |

| <p><b>METHOD OF PAYMENT</b> (check all that apply)</p> <p> <input type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other    <input type="checkbox"/> None             </p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <table style="width: 100%;"> <tr> <td style="width: 20%;">Deposit Account Number</td> <td>11-0600</td> </tr> <tr> <td>Deposit Account Name</td> <td>Kenyon &amp; Kenyon</td> </tr> </table> <p>The Director is authorized to: (check all that apply)</p> <p> <input type="checkbox"/> Charge fee(s) indicated below    <input type="checkbox"/> Credit any overpayments<br/> <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br/> <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b> to the above-identified deposit account.             </p>  |                 |              |          |  | Deposit Account Number       | 11-0600 | Deposit Account Name | Kenyon & Kenyon | <p><b>FEE CALCULATION</b> (continued)</p> |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
|---|-----------------|--------------|----------|--|------------------------------|---------|----------------------|-----------------|---|----------|----------|----------|----------|--------------------|------|-------|------|-----|--------------------|-----|------|-----|--------------------|-----|-------------------|--|------|-----|------|-----|------------------|--------------|------|--------------|------|-----------------|--------------------|----------|----------|----------|----------|------|------------------------|------|---------------------|------------------------|--|------|----|-----------|--|-----------------------------------|--|------|-----|--------------|-----|---------------------------------------|--|-----------------|----------|----------|----------|--|----------|------|-----|------|----|--|--|---------------------|----|------|----|--|----------|------|-----|------|-----|---------------------------|--|------|-------|------|-------|--|--|------|------|------|------|--|--|------|--------|------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|--------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|----|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------|--|--|--|--|--|-----------------------------------|--|--|--|--|------------------------------|
| Deposit Account Number  | 11-0600         |              |          |  |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| Deposit Account Name  | Kenyon & Kenyon |              |          |  |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| <p><b>1. BASIC FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td>770</td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td>(\$ ) 770</td> </tr> </tbody> </table>  |                 |              |          |  | Large Entity                 |         | Small Entity         |                 | Fee Description                           | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$)           | 1001 | 770   | 2001 | 385 | Utility filing fee | 770 | 1002 | 340 | 2002               | 170 | Design filing fee |  | 1003 | 530 | 2003 | 265 | Plant filing fee |              | 1004 | 770          | 2004 | 385             | Reissue filing fee |          | 1005     | 160      | 2005     | 80   | Provisional filing fee |      | <b>SUBTOTAL (1)</b> |                        |  |      |    | (\$ ) 770 | <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1,330</td> <td>2453</td> <td>665</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>1501</td> <td>1,330</td> <td>2501</td> <td>665</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>1502</td> <td>480</td> <td>2502</td> <td>240</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>1503</td> <td>640</td> <td>2503</td> <td>320</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.17 (q)</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>40</td> </tr> <tr> <td>1809</td> <td>770</td> <td>2809</td> <td>385</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>1810</td> <td>770</td> <td>2810</td> <td>385</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>1801</td> <td>770</td> <td>2801</td> <td>385</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="5">Other fee (specify)</td> <td></td> </tr> <tr> <td colspan="5">*Reduced by Basic Filing Fee Paid</td> <td><b>SUBTOTAL (3)</b> (\$ ) 40</td> </tr> </tbody> </table> |                                   |  |      |     | Large Entity |     | Small Entity                          |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code   | Fee (\$) | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath                        |  | 1052                | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet |          | 1053 | 130 | 1053 | 130 | Non-English specification |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month |  | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17 (q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | 40 | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  |  | <b>SUBTOTAL (3)</b> (\$ ) 40 |
| Large Entity  |                 | Small Entity |          | Fee Description  | Fee Paid                     |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| Fee Code  | Fee (\$)        | Fee Code     | Fee (\$) |  |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1001  | 770             | 2001         | 385      | Utility filing fee   | 770                          |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1002  | 340             | 2002         | 170      | Design filing fee  |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1003  | 530             | 2003         | 265      | Plant filing fee   |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1004  | 770             | 2004         | 385      | Reissue filing fee   |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1005  | 160             | 2005         | 80       | Provisional filing fee   |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| <b>SUBTOTAL (1)</b>   |                 |              |          |  | (\$ ) 770                    |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| Large Entity  |                 | Small Entity |          | Fee Description  | Fee Paid                     |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| Fee Code  | Fee (\$)        | Fee Code     | Fee (\$) |  |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1051  | 130             | 2051         | 65       | Surcharge - late filing fee or oath  |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1052  | 50              | 2052         | 25       | Surcharge - late provisional filing fee or cover sheet                     |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1053  | 130             | 1053         | 130      | Non-English specification  |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1812  | 2,520           | 1812         | 2,520    | For filing a request for reexamination                                     |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1804  | 920*            | 1804         | 920*     | Requesting publication of SIR prior to Examiner action                     |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1805  | 1,840*          | 1805         | 1,840*   | Requesting publication of SIR after Examiner action                        |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1251  | 110             | 2251         | 55       | Extension for reply within first month                                     |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1252  | 420             | 2252         | 210      | Extension for reply within second month                                    |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1253  | 950             | 2253         | 475      | Extension for reply within third month                                     |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1254  | 1,480           | 2254         | 740      | Extension for reply within fourth month                                    |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1255  | 2,010           | 2255         | 1,005    | Extension for reply within fifth month                                     |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1401  | 330             | 2401         | 165      | Notice of Appeal   |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1402  | 330             | 2402         | 165      | Filing a brief in support of an appeal                                     |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1403  | 290             | 2403         | 145      | Request for oral hearing   |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1451  | 1,510           | 1451         | 1,510    | Petition to institute a public use proceeding                              |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1452  | 110             | 2452         | 55       | Petition to revive - unavoidable   |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1453  | 1,330           | 2453         | 665      | Petition to revive - unintentional   |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1501  | 1,330           | 2501         | 665      | Utility issue fee (or reissue)   |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1502  | 480             | 2502         | 240      | Design issue fee   |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1503  | 640             | 2503         | 320      | Plant issue fee  |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1460  | 130             | 1460         | 130      | Petitions to the Commissioner  |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1807  | 50              | 1807         | 50       | Processing fee under 37 CFR 1.17 (q)                                       |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1806  | 180             | 1806         | 180      | Submission of Information Disclosure Stmt                                  |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 8021  | 40              | 8021         | 40       | Recording each patent assignment per property (times number of properties) | 40                           |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1809  | 770             | 2809         | 385      | Filing a submission after final rejection (37 CFR § 1.129(a))              |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1810  | 770             | 2810         | 385      | For each additional invention to be examined (37 CFR § 1.129(b))           |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1801  | 770             | 2801         | 385      | Request for Continued Examination (RCE)                                    |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1802  | 900             | 1802         | 900      | Request for expedited examination of a design application                  |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| Other fee (specify)   |                 |              |          |  |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| *Reduced by Basic Filing Fee Paid   |                 |              |          |  | <b>SUBTOTAL (3)</b> (\$ ) 40 |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| <p><b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b></p> <table style="width: 100%;"> <tr> <td>Total Claims</td> <td>21</td> <td>-20 **</td> <td>=</td> <td>1</td> <td>X</td> <td>18</td> <td>=</td> <td>18</td> </tr> <tr> <td>Independent Claims</td> <td>2</td> <td>-3 **</td> <td>=</td> <td>0</td> <td>X</td> <td>86</td> <td>=</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>=</td> <td>0</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$ ) 18</td> </tr> </tbody> </table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p> |                 |              |          |  | Total Claims                 | 21      | -20 **               | =               | 1   | X        | 18       | =        | 18       | Independent Claims | 2    | -3 ** | =    | 0   | X                  | 86  | =    | 0   | Multiple Dependent |     |                   |  |      | X   |      | =   | 0                | Large Entity |      | Small Entity |      | Fee Description | Fee Paid           | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18                     | 2202 | 9                   | Claims in excess of 20 |  | 1201 | 86 | 2201      | 43   | Independent claims in excess of 3 |  | 1203 | 290 | 2203         | 145 | Multiple dependent claim, if not paid |  | 1204            | 86       | 2204     | 43       | ** Reissue independent claims over original patent |          | 1205 | 18  | 2205 | 9  | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |    |      |    |  | (\$ ) 18 |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| Total Claims  | 21              | -20 **       | =        | 1  | X                            | 18      | =                    | 18              |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| Independent Claims  | 2               | -3 **        | =        | 0  | X                            | 86      | =                    | 0               |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| Multiple Dependent  |                 |              |          |  | X                            |         | =                    | 0               |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| Large Entity  |                 | Small Entity |          | Fee Description  | Fee Paid                     |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| Fee Code  | Fee (\$)        | Fee Code     | Fee (\$) |  |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1202  | 18              | 2202         | 9        | Claims in excess of 20   |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1201  | 86              | 2201         | 43       | Independent claims in excess of 3  |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1203  | 290             | 2203         | 145      | Multiple dependent claim, if not paid                                      |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1204  | 86              | 2204         | 43       | ** Reissue independent claims over original patent                         |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| 1205  | 18              | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent                 |                              |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |
| <b>SUBTOTAL (2)</b>   |                 |              |          |  | (\$ ) 18                     |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |           |  |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |  |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                              |

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|----------------------------|-------------------|-----------------------------------|--------|--|------------------|
| <p><b>SUBMITTED BY</b></p> |                   |                                   |        | <p><i>Complete (if applicable)</i></p> |                  |
| Name (Print/Type)          | Douglas E. Ringel | Registration No. (Attorney/Agent) | 34,416 | Telephone                              | (202) 220-4225   |
| Signature                  |                   |                                   |        | Date                                   | October 14, 2003 |

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 828

## Complete if Known

Application Number Unassigned

Filing Date Herewith

First Named Inventor Maria Palasis

Examiner Name Unassigned

Art Unit Unassigned

Attorney Docket No. 12013/47501

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None  
Order☒ Deposit Account:Deposit  
Account  
Number 11-0600Deposit  
Account  
Name Kenyon & Kenyon

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments  
☐ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee  
to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

| Large Entity |          | Small Entity |          | Fee Description        | Fee Paid  |
|--------------|----------|--------------|----------|------------------------|-----------|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |                        |           |
| 1001         | 770      | 2001         | 385      | Utility filing fee     | 770       |
| 1002         | 340      | 2002         | 170      | Design filing fee      |           |
| 1003         | 530      | 2003         | 265      | Plant filing fee       |           |
| 1004         | 770      | 2004         | 385      | Reissue filing fee     |           |
| 1005         | 160      | 2005         | 80       | Provisional filing fee |           |
| SUBTOTAL (1) |          |              |          |                        | (\$ ) 770 |

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

|                    |    |        |   |   |   |    |   |    |
|--------------------|----|--------|---|---|---|----|---|----|
| Total Claims       | 21 | -20 ** | = | 1 | X | 18 | = | 18 |
| Independent Claims | 2  | -3 **  | = | 0 | X | 86 | = | 0  |
| Multiple Dependent |    |        |   |   | X |    | = | 0  |

| Large Entity |          | Small Entity |          | Fee Description  | Fee Paid |
|--------------|----------|--------------|----------|--|----------|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |  |          |
| 1202         | 18       | 2202         | 9        | Claims in excess of 20                                     |          |
| 1201         | 86       | 2201         | 43       | Independent claims in excess of 3                          |          |
| 1203         | 290      | 2203         | 145      | Multiple dependent claim, if not paid                      |          |
| 1204         | 86       | 2204         | 43       | ** Reissue independent claims over original patent         |          |
| 1205         | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent |          |

SUBTOTAL (2) (\$ ) 18

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

| Large Entity |          | Small Entity |          | Fee Description  | Fee Paid |
|--------------|----------|--------------|----------|--|----------|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |  |          |
| 1051         | 130      | 2051         | 65       | Surcharge - late filing fee or oath  |          |
| 1052         | 50       | 2052         | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |
| 1053         | 130      | 1053         | 130      | Non-English specification  |          |
| 1812         | 2,520    | 1812         | 2,520    | For filing a request for reexamination                                     |          |
| 1804         | 920*     | 1804         | 920*     | Requesting publication of SIR prior to Examiner action                     |          |
| 1805         | 1,840*   | 1805         | 1,840*   | Requesting publication of SIR after Examiner action                        |          |
| 1251         | 110      | 2251         | 55       | Extension for reply within first month                                     |          |
| 1252         | 420      | 2252         | 210      | Extension for reply within second month                                    |          |
| 1253         | 950      | 2253         | 475      | Extension for reply within third month                                     |          |
| 1254         | 1,480    | 2254         | 740      | Extension for reply within fourth month                                    |          |
| 1255         | 2,010    | 2255         | 1,005    | Extension for reply within fifth month                                     |          |
| 1401         | 330      | 2401         | 165      | Notice of Appeal   |          |
| 1402         | 330      | 2402         | 165      | Filing a brief in support of an appeal                                     |          |
| 1403         | 290      | 2403         | 145      | Request for oral hearing   |          |
| 1451         | 1,510    | 1451         | 1,510    | Petition to institute a public use proceeding                              |          |
| 1452         | 110      | 2452         | 55       | Petition to revive - unavoidable   |          |
| 1453         | 1,330    | 2453         | 665      | Petition to revive - unintentional   |          |
| 1501         | 1,330    | 2501         | 665      | Utility issue fee (or reissue)   |          |
| 1502         | 480      | 2502         | 240      | Design issue fee   |          |
| 1503         | 640      | 2503         | 320      | Plant issue fee  |          |
| 1460         | 130      | 1460         | 130      | Petitions to the Commissioner  |          |
| 1807         | 50       | 1807         | 50       | Processing fee under 37 CFR 1.17 (q)                                       |          |
| 1806         | 180      | 1806         | 180      | Submission of Information Disclosure Stmt                                  |          |
| 8021         | 40       | 8021         | 40       | Recording each patent assignment per property (times number of properties) | 40       |
| 1809         | 770      | 2809         | 385      | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |
| 1810         | 770      | 2810         | 385      | For each additional invention to be examined (37 CFR § 1.129(b))           |          |
| 1801         | 770      | 2801         | 385      | Request for Continued Examination (RCE)                                    |          |
| 1802         | 900      | 1802         | 900      | Request for expedited examination of a design application                  |          |

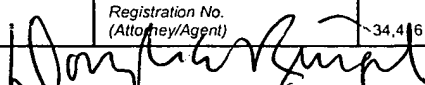
Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ ) 40

## SUBMITTED BY

## Complete (if applicable)

|                   |   |                                   |                  |           |                |
|-------------------|---|-----------------------------------|------------------|-----------|----------------|
| Name (Print/Type) | Douglas E. Ringel   | Registration No. (Attorney/Agent) | 34,416           | Telephone | (202) 220-4225 |
| Signature         |  | Date                              | October 14, 2003 |           |                |

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15915 U.S. PTO  
101403

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Inventor(s): Maria Palasis et al.

Serial No.: Unassigned

Filing Date: Herewith

For: **METHOD FOR ROLL COATING  
MULTIPLE STENTS**

Group Art Unit: Unknown

Examiner: Unknown

**Commissioner for Patents**  
P. O. Box 1450  
Alexandria, VA 22313-1450

**CERTIFICATE UNDER 37 C.F.R. § 3.73(b)**

**SCIMED Life Systems, Inc.**, a corporation, certifies that it is the assignee of the entire right, title, and interest in the United States patent application identified above by virtue of an assignment from **Maria Palasis, Wendy Naimark, Tim Mickley and Toby Freyman**. The assignment is being submitted to the United States Patent and Trademark Office for recordation, and a copy of the assignment and the recordation cover sheet are attached.

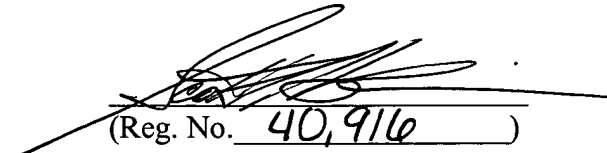
The undersigned has reviewed all the documents in the chain of title of the patent application identified above and, to the best of undersigned's knowledge and belief, title is in the assignee identified above.

The undersigned (whose title is supplied below) is empowered to sign this certificate on behalf of the assignee.

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further, that these statements are made with the knowledge that willful false statements, and the like so made, are

punishable by fine or imprisonment, or both, under Section 1001, Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

October 9, 2003  
Date

  
(Reg. No. 40,916)  
Assistant Secretary

*on behalf of:*  
SCIMED Life Systems, Inc.